CATEGORY: LD.3 LEADERSHIP

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Area LD.3.1 Executive Oversight

Element LD.3.1.1

Executive Management (Senior Leadership)

Evaluation Criteria

- Members of the executive leadership team were an integral part of the decision-making process in determining resource requirements, staffing, training, equipping, healthcare optimization and organizational mentoring
- Leadership established the strategic direction, placing appropriate emphasis on:
  -- Unit mission
    --- (MTF goals are aligned with wing, MAJCOM, and AFMS goals)
  -- Mission support/business plan
    --- Maximum achievable enrollment was reviewed annually, and a marketing plan developed
    --- Unit manpower was primarily utilized to optimize delivery of direct patient care
    --- Ensured medical resources/support were adequate to meet mission requirements
- Leadership provided effective oversight of the following activities:
  -- Improving organization performance/compliance/self-assessment
  -- Customer service
  -- Resource management
  -- Medical readiness/deployment support
  -- Patient safety/clinical quality
  -- Human resource development/professional mentoring
- Executive Committee minutes provided a clear, thorough record of oversight, decision-making and follow-up
  -- An effective mechanism existed for subordinate committees/functions to elevate issues to the Executive Committee
  -- Items requiring further action were tracked/followed to completion

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to: leadership was not actively engaged in all aspects of the unit's operations, resulting in decreased mission effectiveness.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to: lack of oversight/involvement by senior leadership contributed to significant HSI findings in medical readiness, unit training, TRICARE or population health.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to: little evidence of unit commander leadership/oversight in unit activities or leadership failed to support basic mission requirements.

NA: Not scored.

Protocol Team Chief Protocol 3 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty team chief.

Reference(s) AFMS FY 02-07 Medical Service Mission Support Plan, Oct 99; Medical Annual Planning and Programming Guidance (MAPPG) FY 04-09; AFI 44-119, Clinical Performance Improvement, 4 Jun 01; AFI 41-120, Drug Abuse Testing Program, 1 Jul 00; AFPAM 44-155, Implementing Put Prevention Into Practice, 1 Feb 99

Element LD.3.1.2

Medical Readiness Staff Function (MRSF)

Evaluation Criteria
- MRSF frequency and attendance complied with AFI 41-106
- Minutes provided a clear, concise summary of discussions and events
- Minutes included status of medical unit readiness training, results of inspections, incident responses and exercises, deployed assets and current medical intelligence
- Minutes clearly indicated review/approval of following by MRSF:
  -- Annual master medical unit readiness training and exercise plan
  -- MCRP and base/wing plans that include medical information (annually) and supporting memorandums of understanding/agreement
  -- Unit readiness exercise program including planning, execution and follow-up corrective actions
- The Medical Readiness Decision Support System was used to monitor medical unit preparedness and identify areas for improvement
- Post-exercise or incident summaries were reviewed, and items requiring MRSF involvement were opened and tracked until resolved

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Scoring

4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment. Examples include, but are not limited to: MRSF minutes did not include some required items or did not reflect some discussions that took place during the meetings.

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
  - An insufficient or missing training plan or exercise schedule caused some inadequate training or missed training requirements
  - Plans were overdue review/revision or missing some required coordination
  - Some deficiencies identified during exercises were inadequately tracked or closed prematurely
  - Deficiencies existed in monitoring of program elements, resulting in lack of oversight or sporadic follow-up of program shortfalls

1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission

accomplishment Examples include, but are not limited to:

- An insufficient or missing training plan or exercise schedule caused inadequate training or missed requirements affecting unit readiness
- Several deficiencies noted during exercises were inadequately tracked or closed prematurely
- Plans were significantly outdated or missing most required coordination
- The unit commander and/or other function members routinely missed MRSF meetings, causing a lack of direction or focus for unit readiness

0 - Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to:

- Poor monitoring of readiness statistics and program elements could adversely impact deployment resources/disaster response readiness
- Most exercise discrepancies were not tracked or resolved
- Plans were outdated with no attempt to make them current through interim updates or formal revision

NA: Not scored.

Protocol   Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact   For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s)   AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03; AFMAN 33-326, Chap 3, Preparing Official Communications, 1 Nov 99

Element LD.3.1.4

Executive Oversight of Health Care Delivery

Evaluation Criteria

- A population health workgroup/function/committee was chartered by the executive management committee to provide appropriate guidance for population health activities
- Population health activities were effectively planned, implemented, and overseen; sound epidemiological principles were applied to evaluate population health assessment results by the population health workgroup activities
- There was an established system to ensure data retrieved from assigned population is incorporated into each patient interaction
- The population health workgroup implemented the following seven key processes:
  -- Identify the population
  -- Forecast demand
  -- Manage demand
  -- Manage capacity
  -- Evidence-based primary, secondary and tertiary prevention
  -- Community outreach
  -- Analyze performance and health status
- Issues that were not resolved by this workgroup/function/committee were elevated to the proper oversight workgroup/function/committee

Scoring

4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0 - Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol   Team Chief Protocol 3 and Nurse Protocol 1 are the pertinent protocols for this element.

Inspector Contact   For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty nurse inspector.

Reference(s)   AFMS Population-Based Health (PBH) Plan, Jan 99; HQ USAF/SG Policy to Improve Military Treatment Facility (MTF) Primary Care Manager Enrollment Capacity, Mar 00; HQ USAF/SG memorandum, Population Health Improvement Priority Areas, Apr 00; Department of Defense Population Health Improvement Plan and Guide, Apr 00; A Guidebook to Primary Care Optimization, Jun 00

Element LD.3.1.5

Customer Satisfaction/Patient Advocacy Program

Evaluation Criteria
- A mechanism was in place to evaluate patient feedback
  - -- A mechanism existed for prompt and effective resolution of complaints
  - -- Surveys were analyzed and data reported to the executive team
  - -- Identified opportunities for customer satisfaction and improvements were recognized and implemented
- A mechanism existed for basic customer service, satisfaction and sensitivity training
  - -- Unit members were trained on patient advocate requirements
- Unit members were knowledgeable of their roles and responsibilities in promoting an environment of courtesy and sensitivity within the unit and acted accordingly

Scoring

4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0 - Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol   Nurse Protocol 2 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty nurse inspector.

Reference(s) HQ USAF/SG memorandum, Implementation of Air Force Medical Service (AFMS) Customer Service Basics, 5 Feb 99; HQ USAF/SG memorandum, Customer Satisfaction, 12 Jun 2000

Element LD.3.1.6

Self-Inspection Program

Evaluation Criteria
- The unit had developed and adhered to a unit instruction which described the entire self-inspection process including:
  -- A system for tracking and follow-up of open items
  -- A mechanism to identify open items resulting from self-inspections, HSIs, MAJCOM SAVs, or accreditation surveys by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)
  -- Guidance and input for the development of checklists from the current HSI Guide, TIG Brief articles, analysis of HSI trends from the AF Inspection Agency website, JCAHO manuals, SAV reports, previous HSI reports and other locally developed items
  -- A mechanism to ensure each new section chief conducts a formal inspection of his or her duty section within two months of arrival
  -- A requirement for functional supervisors to review and update local checklists
- The self-inspection program manager consolidated and monitored all discrepancies/open items and periodically briefed their status to the executive committee

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Scoring
4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to: inconsistent tracking of discrepancies or minimal executive oversight of open items.

1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to: inconsistent follow-up of a significant number of open items or no executive oversight.

0 - Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to:

- No viable self-inspection program was established.
- Unresolved organizational discrepancies placed the unit at significant risk for degraded operations and findings (or repeat findings) through various assessment processes.
- Executive involvement was not evident.

NA: Not scored.

Protocol   Administrator Protocol 4 is the pertinent protocol for this element.

Inspector   For assistance interpreting this element, please call DSN 246-1771/2566 and
Contact   request an Active Duty MSC inspector.

Reference(s) HQ USAF/SGM memorandum, Self-Inspection Program, 26 Oct 01

Element LD.3.1.7

Health Care Council (HCC)

Evaluation Criteria	- The Health Care Council (HCC):
	  -- Was chaired by the medical unit commander
	  -- Was composed of community-wide representation
	  -- Promoted effective bi-directional interaction with key customer groups
	  -- Addressed pertinent issues raised to improve and/or enhance health care services and was directly involved in major policy decisions affecting the facility

Scoring	4 - Meets criteria. Programs are efficiently managed and comply with applicable directives. 3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment. 2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. 1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. 0 - Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. NA**:** Not scored.
Protocol	Team Chief Protocol 4 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty team chief.
Reference(s)	AFPD 44-1 Medical Operations, 1 Sep 99, AFI 44-102 Community Health Management, 17 Nov 99

Area LD.3.2 Business Management

Element LD.3.2.1

Materiel Issue

Evaluation Criteria
- Forward logistics processes were designed to meet customer requirements and/or demands
- Customer materiel issue and training reduced the time clinical personnel spend in logistics functions
- Systematic processes were in place to acquire, receive, issue, account for, transfer, identify excess and dispose of supplies/equipment in a timely manner
- Medical treatment facility commander reviewed and approved/disapproved all AF Forms 601, Equipment Action Request
- Processes were in place and utilized to ensure lowest cost procurement and timeliness of delivery for materiel.
  -- Active participation in regional standardization efforts was evident
  -- Required use/committed volume contracts were used where applicable
  -- Utilization of Prime Vendor, ECAT and other automated procurement methods was maximized
  -- Regular price comparisons were conducted for routinely ordered medical supplies
  -- Regular follow-up was performed on all backorders
- Supply and equipment inventories were conducted at least every 12 months
  -- Count lists (including those for war reserve materiel assets) did not contain inventory balance data
  -- Discrepancies were appropriately and correctly resolved (e.g., signed/ approved inventory adjustment vouchers) and records adjusted to reflect actual status
  -- Medical unit commander or administrator reviewed/approved inventory results
  -- Reports of survey for medical equipment identified as missing during annual inventories were initiated and completed in a timely manner
- Logistics personnel authorized to purchase through the government purchase card program were appointed in writing and appropriately trained
  -- Monthly reconciliations were routinely and properly conducted
  -- Safeguards prevented abuse and unauthorized use of the government purchase card

Scoring
4: Meets criteria. Programs are effectively managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to

compromise mission accomplishment. Examples include, but are not limited to: inconsistent timeliness and coordination of customer support.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
   • One of the major issue processes was broken or ineffectively managed.
   • Personnel were not adequately trained to accomplish logistical support tasks and inefficient management and out-of-stock conditions resulted.
   • There was no consistent application of effective inventory control policies dealing with recurring issues, non-recurring issues, source of supply (Prime Vendor, government purchase card, blanket purchase agreements, etc.), follow-up, receipts, warehouse refusals or item substitutions
   • There were limited safeguards to prevent potential fraud, waste or abuse

1: Critical deficiency. Does not meet mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
   • Significant deficiencies in logistics support adversely affected the cost, quality, availability and timeliness of materiel
   • Identified deficiencies were not followed-up, increasing customers' dissatisfaction

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the elements. Adverse mission impact had occurred or was highly likely to occur. Examples include but are not limited to:
   • Flight/section leadership did not actively try to remedy identified deficiencies in program management
   • There was a high potential for fraudulent use or loss of organizational resources
   • Logistical support programs were nonexistent or not relevant to the organization's needs
   • Quality and availability of logistical resources were limited or nonexistent
   • Ability to respond to patient care needs was adversely affected

NA: Not scored.

Protocol   Administrator Protocol 1 is the pertinent protocol for this element.

| **Inspector Contact** | For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector. |

| **Reference(s)** | AFI 41-209, Medical Logistics Support, Jan 04 |

Element LD.3.2.2

Financial Management

Evaluation Criteria
- Flight commander routinely gave MDG/CC and key management personnel a summary of the MTF's performance and cost effectiveness, population (enrolled and other) served, workload, costs, financial status, staffing, analysis of MEPRS data, and status of resource management programs
- Flight commander conducted cost effectiveness analysis related to primary care optimization
- Flight commander monitored the data collection process and ensured workload, personnel, and financial data was reconciled and validated prior to entry into the Expense Assignment System (EAS)
- Resource management personnel ensured personnel assigned to the MTF were placed against correct position numbers and Organization Structure Code (OSC) on the Unit Personnel Management Roster (UPMR)
- Flight commander or designee met with newly appointed cost center managers (CCM) to discuss local resource management policies and procedures, resource allocation needs, manpower management, workload reporting and MEPRS requirements
- CCM function meetings were held at least quarterly and included updates, budget requirements and ongoing training
  -- CCMs were provided a quarterly analysis of the MTF's performance, enrolled population, workload, resource consumption and unit cost information
  -- Flight commander analyzed the MEPRS Detail Unit Cost Report and sent information to the CCMs quarterly
- The locally-produced CCM guide contained, at minimum:
  -- Information about the Air Force's resource management system, financial management strategies, local resource management policies and procedures, manpower management, workload reporting, the DoD MEPRS, data quality requirements, and data analysis techniques
- CCM function minutes were reviewed by the executive committee and copies provided to all CCMs and resource coordinators

Scoring
4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

Examples include, but are not limited to:
- The CCM program was disorganized and did little to benefit sections and the medical facility
- RMO staff did not compile or report summaries of the MTF's performance and cost effectiveness metrics for executive staff review

1: Critical deficiency. Does not meet mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to: deficiencies impaired patient care services or facility operation.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the elements. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to: financial mismanagement which seriously impaired operations in the medical facility.

NA**:** Not scored.

Protocol   Administrator Protocol 3 is the pertinent protocol for this element.

Inspector   For assistance interpreting of this element, please call DSN 246-1771/2566
Contact   and request an Active Duty MSC inspector.

Reference(s)   AFI 41-120, Medical Resource Operations, 18 Oct 01; AFI 65-601, Vol 2, Budget Management for Operations, 21 Oct 94

Element LD.3.2.3

Management of Access to Care

Evaluation Criteria

- The MTF Commander designated an access manager, usually the group practice manager (SG PL 28 Mar 01), and a multi-disciplinary team to oversee and integrate the implementation of appointment standardization (APS) and access improvement across all MTF activities (Commander's Guide to Access Success (CGAS) pg II-3; OASD PL 26 Mar 00)
- The access manager/team ensured:
  -- At least 90 percent of MTF appointments were scheduled using the Managed Care Program (MCP) Module in CHCS; the Patient Appointment and Scheduling Book Appointments Module (PAS BOK) was only used for scheduling dental or self-referral (e.g., optometry) appointments (SG PL 28 Mar 01, Atch 1, para a)
  -- MTF used one of ten standard appointment types for at least 90% of scheduled appointments (SG PL 28 Mar 01, Atch 1, para c)
  -- All bookable clinic appointments were viewable by appointing staff at least 30 days in advance, on a rolling basis (TRICARE Access Imperatives (TAI) website – Business Rules; CGAS pg C-5; SG PL 28 Mar 01, Atch 1, para d)
  -- TRICARE Prime appointments were scheduled within access standards (CGAS pg H-9; TAI website-FAQ):
    --- Initial primary care (PCM)   30 days
    --- Initial specialty care (SPEC)   30 days
    --- Acute   (ACUT)   24 hours
    --- Routine (ROUT)   7 days
    --- Wellness, health promotion (WELL)   30 days
    --- Procedure (PROC) with designated duration   provider designated duration
    --- Established patient follow-up (EST)   provider designated duration
    --- Telephone consult (TCON)   provider designated duration
    --- Group care (GRP)   provider designated duration
    --- Open Access (OPAC)   Same day patient calls
  -- Appointing clerks used appropriate notations in MCP indicating why access standards were not met (e.g., patient refused appointment, no appointments available) (CGAS pg C-1; SG PL 28 Mar 01, Atch 1, para e)
  -- Non-emergent referrals were entered into CHCS using the Consult Order Entry (CON) program (SG PL 28 Mar 01, Atch 1, para f)
  -- Tracking mechanism existed for referrals, including feedback mechanism to provide the referring provider with the clinical results of the referral (AFI 41-115, para 1.4.12.6 and 1.4.12.8) or notification of subsequent specialty to specialty referral (SG PL 28 Mar 01, Atch 1, para f)
  -- Beneficiaries called one telephone number for all appointment and referral needs; call routing, if needed, occurred without requiring the patient to make additional telephone calls (CGAS pg C-1; TAI website - Business Rules)
- Appointing processes worked under the assumption of PCM-By-Name

enrollment and followed OASD-HA appointment and referral business rules (CGAS pg C-4; OASD PL 25 May 00; TAI website - Business Rules)
- CHCS detail fields and optional slot comments delineating appropriate limitations of each provider (e.g., patient age or sex, procedures, examinations or medical conditions) were approved at a level consistent with local or regional policy, updated immediately when changes occur and reviewed at least annually (TAI website-Provider templating)
- MTF followed TMA business rules for provider file and table build (TAI website - Provider templating)
- MTF established local policies and procedures to:
  -- Determine the number, type (e.g., ROUT, ACUT, EST, etc), beneficiary recipient (e.g., prime active duty, prime non active duty, non-prime) and duration of appointments needed based on analysis of appointment demand and prior workload history (CGAC pg II-7, pg II-12; TAI website - Business Rules and Access Management)
  -- Adjust schedules to minimize the impact of no-shows, unscheduled provider absences and unbooked same day appointments (TAI website – Clinic templating)
  -- Determine the number of allowable MTF book-only slots per specialty (TAI website - Clinic templating)
- MTF actively monitored progress in improving access
  -- MTF Template Analysis Tool or other appropriate method was reviewed periodically; appropriate adjustments were made to resolve problems (TAI website - Clinic templating)
  -- MTF projected daily, weekly, monthly appointment demand in coordination with department chiefs and staff availability; deltas were resolved and managed before a crisis occurs (TAI website - Access Mgt); feedback was provided to clinics (CGAS, pg II 14)
  -- CHCS Access to Care reports were reviewed, trended and acted upon as needed (CGAS, pg F-2; SG PL 28 Mar 01, Atch 1, para b)
  -- Senior leadership was briefed on the status of access management and correction actions (TAI website - Access Mgt)
- Prior to implementing open access (OA), the MTF developed a business plan that was compliant with TMA implementation guidance and addressed at a minimum:
  -- Staffing
  -- Integration of involved components of healthcare delivery (e.g., lab, pharmacy, immunizations, etc.)
  -- Outcome measures for access, quality, and patient/staff satisfaction
  -- Business plan was approved by the MTF's MAJCOM prior to implementation (SG PL 18 Jun 02, Improving Access to Care Using the Open Access Model)

Scoring   4: Criteria met.

3: Minor deficiencies did not degrade the ability of clinicians to provide the right patient care at the right time but the availability of appointments and timeliness of corrective action was inconsistent.

2: One of the major processes for access management was broken or ineffectively managed. Deficiencies affected appointment availability to the community. Personnel were not adequately trained or qualified to manage access. For example, one of the following conditions existed:
- There was no designated MTF individual that actively managed access for the community
- Template Analysis Tool indicated inappropriate balance of available appointment type and beneficiaries type to meet patient demand. Access management was not monitored at appropriate levels of management within the MTF
- Provider and clinic templates were minimally effective in meeting demand and did not reflect current provider/appointment limitations

1: Multiple processes for access management were broken or ineffectively managed, significantly impacting appointment availability. For example, several of the following conditions existed:
- There was no designated MTF individual that actively managed access for the community
- Template Analysis Tool indicated inappropriate balance of available appointment type and beneficiaries type to meet patient demand. Frozen and blocked appointments were evident without sufficient explanation or resolution
- Access management was not monitored by senior leadership
- Provider and clinic templates were not established in accordance with OASD-HA business rules
- Identified deficiencies were not followed-up, increasing customers' dissatisfaction

0: There was a pattern of noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident.

NA: Not scored.

Protocol   Nurse Protocol 6 is the pertinent protocol for this element.

Inspector Contact   For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty Nurse or MSC inspector.

Reference(s)   ASD(HA) memorandum, Policy for Standardized Appointment Types, 25 May 00; ASD(HA) memorandum, Appointment Standardization Program (APS) Guidance, 26 May 01; HQ USAF/SG memorandum, Improving Appointment and Access Business Practices, 28 May 01; Commander's Guide to Access Success, 4 Jun 03; AFI 41-115; TRICARE Access Imperatives Website; HQ USAF/SG memorandum, Improving Access to Care Using the Open Access Model, 18 Jun 02

Element LD.3.2.4

Management of Controlled Medical Items

Evaluation Criteria

Processes ensured compliance with regulatory requirements concerning the acquisition, receipt, storage, issue, distribution, inventory, and/or disposition/destruction of controlled medical items. These processes included, but were not limited to:
- Controlled access by authorized personnel, with an E-5 or GS-5 or above or qualified contractor appointed as controlled medical item custodian
- Current Drug Enforcement Agency (DEA) registration
- Reporting loss or theft of controlled substances to the regional DEA activity
- Documented chain of custody for all controlled items as evidenced by authorized signatures on Issue/Turn In Listings
- Monthly and biennial inventories (to include war reserve materiel controlled items) were conducted by a disinterested officer in the grade of MSgt/GS-7 or above
- Biennial inventories were recorded on the 30 April Monthly Controlled Item Transaction Register (odd years) and an inventory certificate accomplished
- Destruction was accomplished or contracted according to AFI 41-209 and a MEDLOG or DMLSS destruction document or DD Form 1348-6 was completed to include identity and quantity of items destroyed and the authority, reason, manner, date of destruction and signatures of two destruction witnesses of grades not less than that of the destruction officer

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Scoring

4: Meets criteria. Programs are effectively managed and comply with applicable directives. Criteria met.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to: a potential for misuse and/or abuse of controlled medical items.

1: Critical deficiency. Does not meet mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to: potential for misuse and/or abuse of controlled medical items put the organization at significant risk of losing DEA approval to acquire narcotics.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the elements. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to:

- The organization was not in compliance with federal requirements
- Processes were not effective and negatively impacted healthcare delivery
- Lack of management oversight and follow-up actions seriously jeopardized DEA certification

NA: Not scored.

Protocol	There is no protocol for this element. Interview will take place in the controlled item storage area(s) with the vault custodian and other personnel at unit discretion.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.
Reference(s)	AFI 41-209. Medical Logistics Support, Jan 04

Element LD.3.2.5

Data Quality

Evaluation Criteria

- The MTF commander appointed a Data Quality Manager (DQM), who has responsibility to accomplish data quality management activities
- A cross-functional data quality team chaired by the DQM included, at minimum, clinical, information systems, patient administration, EAS/MEPRS, budgeting/accounting, health records, coding auditors, and other functional experts as needed
  -- The team provided regularly scheduled presentations of data quality indicators to executive management teams
  -- Verifications/audits were performed on inpatient, outpatient, and expense workload reporting systems
- There was a registered health information administrator (RHIA), registered health information technician (RHIT), or a certified coding specialist to oversee and ensure the quality of the coding and the documentation to support the codes
- A monthly medical record audit summary was completed and submitted to the medical treatment facility's executive committee
  -- The audit was performed by a coding professional
  -- The audit sample was selected randomly from the Pull List Audit Report
  -- Each clinic was audited once within the appropriate six-month period
  -- The sample size was appropriate
  -- Clinics or ancillary services with a compliance rate of less than 90% received periodic audits and focused training until standards met
  -- Provider feedback was documented in the provider's training folder
  -- Newly assigned provider's records were audited within two months of assignment. Feedback was documented in the provider's training folder
- The MTF commander appointed a Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer who:
  -- Established local policies and procedures for HIPAA compliance
  -- Implemented a mechanism for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization' s privacy policies and procedures in coordination and collaboration with other similar functions and when necessary, legal counsel.
  -- Established a privacy training and orientation program to ensure initial privacy training and orientation to all employees, and volunteers within 30 days of assignment and annually thereafter
  -- Conducted initial and periodic information privacy risk assessments and compliance monitoring activities
  -- Ensured patients or guardians receive notice of privacy practices and document receipt on health records jacket
- Specific policies and procedures were established for handling documents

sent and received via facsimile
-- All fax machines used to transmit and receive protected health
   information are located in a secure or supervised location
-- Procedures include a process to ensure documents are removed as soon as
   transmission completes
- Management guidelines concerning email are established to maintain
  medical privacy, protect information from non-authorized access, and
  comply with HIPAA security and privacy rules

Scoring

4: Meets criteria. Programs are effectively managed and comply with
applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to
compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs
are not effectively managed. Major program deficiencies exist that may
significantly impede or limit mission accomplishment. Examples include,
but are not limited to:
- Inconsistent tracking of data quality
- Inadequate oversight of discrepant functional areas
- Compromised information integrity

1: Critical deficiency. Does not meet mission requirements. Programs are
not adequately managed. Critical program deficiencies exist that may
preclude or seriously limit mission accomplishment. Examples include,
but are not limited to:
- Management controls were not functional or were recently established
- Commanders and/or managers had not provided necessary oversight
  to ensure reporting activities complied with procedures, policies, and
  requirements
- Information integrity was compromised

0: Program failure. Does not comply with standards. Programs do not meet
the minimum provisions of the elements. Adverse mission impact had
occurred or was highly likely to occur. Examples include, but are not
limited to:
- No viable management control program was in place and there was a
  significant potential for reporting erroneous workload and financial
  data
- Information privacy was not protected

NA: Not scored.

Protocol   Administrator Protocol 5 is the pertinent protocol for this element.

Inspector   For assistance interpreting this element, please call DSN 246-1771/2566 and
Contact   request an Active Duty MSC inspector.

Reference(s)   AFI 41-120, Medical Resource Operations, 18 Oct 01; AFI 41-210, Patient
                      Administration Function DRAFT; HQ AFMOA/CV memorandum,
                      Supplemental Guidance on Validation of Reported Workload, 12 May 03;
                      AFPD 65-2, Management Control Program, 1 Apr 97; AFI 65-201,
                      Management Control, 1 May 97; Data Quality Improvement Guide, no date

Element LD.3.2.6

Management of Uniform Business Office Functions

Evaluation Criteria
- A MSA was established and operated IAW DoD 6010.15-M
- A TPC marketing program existed for patients and MTF staff which included posters throughout the MTF, semiannual letters to retirees, pamphlets available at all possible patient stops, and briefings at commander's calls and retiree forums
- MTF staff at all patient entry points were familiar with procedures for obtaining and documenting other health insurance (OHI) information
- Business office personnel/TPC contractor:
  -- Conducted monthly random reviews of a representative sampling of non-active duty patient medical records to ensure health insurance had been accurately identified
  -- Reviewed a representative sample of medical records monthly and reconciled insurance information between CHCS/TPOCS and the medical record
  -- Conducted recurring training on at least a quarterly basis to all personnel responsible for interviewing patients for OHI
  -- Conducted weekly reviews of representative samplings of billings to identify other potential billable encounters either associated with or resulting from previous episodes of care
  -- Followed up claims at a minimum of every 30 days and maintained an audit trail showing all attempts to collect from payers
  -- Set goals to reduce accounts receivable to 60 days or less
  -- Billed OHI on behalf of the other uniformed services and then balance billed the uniformed service up to the interagency rate on the DD7/7A
- There was a memorandum of understanding (MOU) established with the base's staff judge advocate (SJA) outlining MTF and SJA responsibilities for delinquent TPCP claims
  -- Ensured only an official of the U.S. government, not contractor personnel, closed delinquent accounts due to invalid reduction or denial
- There was an active, documented audit and compliance program
- There was an MOU with the SJA covering the notification procedures, preparation and follow-up for AF Forms 438
- Internal procedures were developed outlining clinical service coordination, tracking of civilian medical care paid for by the government, and establishing appropriate procedures for closing cases
- A CHCS report was developed which identified hospital admissions and visits related to injuries, and the report was compared to AF Forms 1488
- Medical records were appropriately identified for TPL/MAC cases
- A quarterly reconciliation of submitted claims was accomplished with SJA, discrepancies corrected, and a report forwarded to the SJA and MDG/CC

Scoring

4: Meets criteria. Programs are effectively managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
- No TPC training had been provided to personnel responsible for interviewing patients for OHI nor were patients asked about OHI
- TPC claims were not followed up every 30 days and/or audit trails were not maintained showing attempts to collect from payers
- Internal audit procedures, including random reviews of patient medical records and billings, were not used to maximize TPC collections

1: Critical deficiency. Does not meet mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include but are not limited to: deficiencies which could potentially impact collections and were detrimental to budget allocation.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the elements. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to: nonexistent programs or programs with material weaknesses that resulted in minimal collections, and negatively impacted budget planning, execution and mission accomplishment.

NA: Not scored.

Protocol   Administrator Protocol 3 is the pertinent protocol for this element.

Inspector Contact   For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s)   AFI 41-120, Medical Resource Operations, 18 Oct 01; AFI 51-502, Personnel and Government Recovery Claims, 1 Mar 97; DoD 6010.15-M, Military Treatment Facility Uniform Business Office Manual, Apr 97

Element LD.3.2.7

Professional Services Contracts/Blanket Purchase Agreement (BPA) Oversight

Evaluation Criteria

- Quality assurance personnel (QAP), if required, were appointed and trained
- Quality assurance surveillance plans (QASP) for professional medical non-personal service contracts over $100,000 were developed and monitored
- Contract documentation was maintained as required
  -- Documentation existed indicating coordination with, and oversight by, the unit's credentials program manager
  -- Examples include copy of the contract and all modifications, receiving reports and, if applicable, QAP appointment letter(s) and training
- BPAs, which do not require QASPs, had current, approved price lists, (if pre-priced), and receiving reports prior to payment being made
- Processes were in place to address issues or incidents involving contract healthcare providers

Scoring

4: Meets criteria. Programs are effectively managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to: inefficient processes hindered administrative oversight of professional service contracts and/or BPAs.

1: Critical deficiency. Does not meet mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to: the likelihood of accepting nonconforming contract services was high.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the elements. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to: contract requirements were not met and/or inadequate/inappropriate provider performance was not addressed.

NA: Not scored.

Protocol	Administrator Protocol 2 is the pertinent protocols for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.
Reference(s)	DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services, 10 Jan 93; AFI 41-209, Medical Logistics Support, Jan 04; AFI 44-119, Clinical Performance Improvement, 4 Jun 01; AFI 44-102, Community Health Management, 17 Nov 99; AFI 63-124, Performance-Based Service Contracts, 1 Apr 99; HQ AFMSA/SGSLC memorandum, Professional Services Checklist, Sep 01

Element LD.3.2.8

Management of Beneficiary Services

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Evaluation Criteria

- The MTF provided member services to DoD beneficiaries, which included health benefit counseling, TRICARE enrollment, marketing and education, assistance with claims, an information desk, patient advocacy and clinic liaison
  -- The MTF submitted resource sharing/resource support (RS/RSA) proposals to their respective MAJCOMs for coordination/approval during the proposal phase, prior to signing a RS/RSA with a contractor
  -- Proposal included the contractor's cost analysis and the projected cost impact with and without resource sharing
- MTF established a contract officer technical representative (COTR) who conducted activities IAW lead agent requirements
- A debt collection assistance officer (DCAO) was appointed for the MTF
  -- Marketing material/public announcements notified the community about who the DCAO was and their function
  -- The DCAO properly filed and followed up on collection/credit cases in a timely manner
- The MTF commander had designated a primary and alternate beneficiary counseling and assistance coordinator (BCAC)
  -- MTFs had advertised the BCAC position within the community and established a mechanism for 24/7 coverage, e.g., answering machine after normal duty hours with guidance for emergency versus routine requests, directing caller to appropriate resource
  -- The BCAC provided comprehensive briefings to beneficiaries
  -- The BCAC maintained a formal documentation process for tracking actions and problem resolution
- The MTF had established policies to support enrollee requests to switch PCMs during an enrollment period
- The MTF commander had established a medical in/out-processing program to inform military members of their benefits and local procedures for medical care.
- MTF personnel established eligibility of all patients by validating identification and entitlement through ID and DEERS checks.
- A patient administration function was established with oversight provided by an appointed patient administration officer, director, or NCO.
- The MTF Commander has established appropriate tracking and follow-up processes for any Air Force active duty or ARC member referred to or admitted in a nonmilitary MTF
- The MTF has established a Memorandum of Agreement with local area civilian hospitals to be notified of active duty admissions in their facilities
- The MTF has established local procedures for managing Quarters Status including:

-- Notifying patient's commander or designee
-- Notifying Public Health for communicable disease tracking
-- How to extend the period of quarters
- The MTF/CC had assigned a Special Needs Coordinator (SNC) and developed a local procedures to identify family members with special needs and provide Family Member Relocation Coordination
- The MTF Commander appointed a Physical Evaluation Board Liaison Officer (PEBLO) on orders and has established a viable Medical Evaluation Board process
- The MTF Commander appointed a Line of Duty Medical Focal Point (LOD-MFP) and has established a viable line of duty determination program

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Scoring

4: Meets criteria. Programs are effectively managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
   - Beneficiaries were deprived of essential TRICARE information
   - A BCAC and/or DCAO had not been appointed and information about these positions had not been publicized adequately
   - MTFs did not submit RS/RSA proposals to their respective MAJCOMs
   - The DCAO was not properly filing and/or following-up on collection/credit cases in a timely manner
   - Local procedures had not been established for some patient administration functions

1: Critical deficiency. Does not meet mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
   - There was widespread unfamiliarity with the TRICARE program at both the medical unit and beneficiary level
   - The system in place was minimally responsive to patient needs, e.g., 24/7 BCAC coverage did not exist and emergency request guidance was unavailable after normal duty hours to direct callers to appropriate resources

- Lack of local procedures resulted in inadequate patient tracking

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the elements. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol	Administrator Protocol 6 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s)	AFI 41-210, Patient Administration Functions Nov 03; AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Service System (MHSS), 28 Dec 02

Area LD.3.3 Human Resource Management

Element LD.3.3.1

Squadron Leadership

Evaluation Criteria

- Squadron/flight commanders:
  -- Worked with the medical group/MTF commander and executive leadership to optimize the medical service mission
  -- Interacted with other medical squadrons and flights as needed to improve organizational performance, including collaboration to manage personnel and other resources
  -- Ensured squadron/flight management teams include leadership from the various disciplines in the squadrons/flights
- Ensured dissemination/communication of NOTAMS and sentinel events
- The organization had a mentoring program for all assigned military personnel.
  -- Immediate supervisors were aware of and executed their responsibilities as primary mentors for their subordinates
- There was a written plan used by squadron and flight commanders for periodic counseling. Counseling included:
  -- Assessment and discussion of performance, promotion potential and professional development plans
  -- Development of professional/career related skills
  -- Importance of completing appropriate Professional Military Education
  -- Importance of earning advanced academic degrees
  -- Exploration of specialty career path milestones
- Military and professional career enhancement resources were available for reference and used by all personnel
- Medical unit personnel demonstrated compliance with military standards, such as courtesy, dress, bearing, behavior, weight and fitness

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to, inconsistent mentoring program execution or career development compromise.

1: Critical deficiency. Does not meet minimum mission requirements.
Programs are not adequately managed. Critical program deficiencies exist
that may preclude or seriously limit mission accomplishment. Examples
include, but are not limited to, the following:
- Inadequate squadron and/or flight leadership
- Sporadic cooperation between squadrons and/or flights
- Inefficient resource allocation
- Ineffective mentoring programs hampering professional growth and
  career development of medical service members

0: Program failure. Does not comply with standards. Programs do not meet
the minimum provisions of the element. Adverse mission impact had
occurred or was highly likely to occur.

NA: Not scored.

Protocol   Team Chief Protocol 3, Team Chief Protocol 8, Senior Enlisted Protocol 7
and Senior Enlisted Protocol 8 are the pertinent protocols for this element.

Inspector   For assistance interpreting this element, please call DSN 246-1771/2566 and
Contact   request an Active Duty team chief.

Reference(s) AFI 36-2611, Officer Professional Development, 1 Apr 96; AFI 36-2406,
Officer and Enlisted Evaluation Systems, 1 Jul 00; AFI 36-2903, Dress and
Appearance of Air Force Personnel, 29 Sep 02; AFI 36-3401, Air Force
Mentoring, 1 Jun 02; AFPD 36-34, Air Force Mentoring Program, 1 Jul 00;
AFPD 40-5, Fitness and Weight Management, 1 Dec 97; AFPAM 36-
2241,Vol 2, Chap 7,USAF Supervisory Examination (USAFSE) Study Guide,
1 Jul 03; AFI 40-501, Air Force Fitness Program, 5 Apr 02

Element LD.3.3.2

Supervisory Involvement – On-the-Job Training (OJT)

Evaluation   Unit supervisors:
Criteria   - Developed a master training plan (MTP) for all work centers to ensure 100
                       percent task coverage. At a minimum, the plan included:
                     -- Master Task Listing that identified core, duty and critical tasks
                     -- Current Career Field Education and Training Plan (CFETP)
                     -- Locally developed AF Form 797, Job Qualification Standard
                        Continuation Sheet (if applicable)
                     -- Identified the projected timeframe the trainee will complete core tasks
                        and Career Development Course (CDC) as required
                   - Attended quarterly training meetings conducted by the UTM
                   - Maintained 6-part training folders for required personnel IAW CFETP
                     -- Documented training progression on AF Form 623a, OJT Record
                        Continuation Sheet to include:
                        --- CDC and task progression
                        --- Contingency and wartime training
                        --- Training strengths/weakness/attitude and corrective action
                        --- Supervisor and trainee signature and date on all entries
                        --- Documented all interruptions in training affecting trainee's progress
                     -- Conducted and documented work center orientation within 60 days of
                        assignment
                     -- Conducted and documented (on AF Form 623a) an initial evaluation of
                        knowledge and skills within 60 days of assignment to include as a
                        minimum:
                        --- Review of Part I of the CFETP
                        --- Work center MTP and contingency and wartime training
                        --- Supervisor and trainee responsibilities
                     -- Ensured certifiers evaluated and validated core tasks
                   - Initiated action to award skill level when trainee met all upgrade
                     requirements defined in the CFETP
                     -- Verified the individual's training folder had documented evidence to
                        support upgrade actions
                   - Administered the work center CDC program:
                     -- Adhered to 30 day timeline, per volume, for completion of CDCs
                     -- Unit review exercises (URE):
                        --- Scored and fills in the bottom of Field Scoring Sheet
                        --- Conducted review training with trainee on missed areas
                        --- Conducted and documented (AF Form 623a) a comprehensive review
                            of the entire CDC with the trainee in preparation for the course exam
                        --- Maintained Field Scoring Sheet in training folder until course
                            completion

--- Conducted and documented a comprehensive review of the entire CDC with trainee in preparation for course examination at the completion of last URE
-- Conducted appropriate follow up to course examination failures

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Scoring

Note: Element rating is determined using a combination review of appropriate documentation of the 6-part training folders and program management (duties and responsibilities of the supervisor as defined in CFETPs and AFI 36-2201).

4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment. Example include, but are not limited to:
  * Missing documents in 6-part folders
  * Supervisors did not routinely attend OJT meetings

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Example include, but are not limited to:
  * Core task were not consistently identified or certified
  * Inconsistent and inappropriate documentation on AF Form 623a

1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Example include, but are not limited to:
  * Functional work centers did not have accurate /current MTPs
  * CDC program was ineffectively managed

0 - Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol

Senior Enlisted Protocol 3 is the pertinent protocol for this element.

Inspector Contact   For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

Reference(s)   AFI 36-2201V3, The Air Training Program On-the-Job Training Administration; CFETP (AFSC specific)

Element LD.3.3.3

Life Support Training

Evaluation Criteria
- All personnel received Basic Life Support (BLS) training as required
- Personnel were trained/certified in Advanced Cardiac Life Support (ACLS), as required
  -- Waiver letters signed by the unit commander were placed in credentials files for providers having sufficient experience in managing cardiopulmonary arrest
- Personnel involved in using the automatic external defibrillator (AED) were trained based on the AED chapter in the ACLS manual
- Personnel were trained/certified in Pediatric Advanced Life Support as required
- Emergency medical technician certification was maintained and those not in compliance were identified and appropriate action taken
- There was an effective management system in place for scheduling, tracking and reporting individual and organization-wide currency in life support
- All personnel received Basic Life Support (BLS) training as required

Scoring

4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0 - Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol	Senior Enlisted Protocol 4 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.
Reference(s)	AFI 44-102, Community Health Management; 1994 American Heart Association Advanced Cardiac Life Support, Chap 4 (for AED)

Element LD.3.3.4

Administration of the On-the-Job Training (OJT) Program

Evaluation Criteria

The unit commander:
- Appointed in writing an additional duty unit training manager (UTM) for units without a 3S2X1 assigned
- Ensured trainers/certifiers completed the Air Force Training Course

The UTM:
- Interviewed newly assigned personnel within 30 days to determine training status and career development course (CDC) progression
- Conducted comprehensive orientation (IAW Attach 5) for trainees initially entering upgrade training within 60 days of assignment, covering the concept, scope and objectives of the Air Force training program
- Conducted an assessment of the unit training programs NLT 180 days after the base staff assistance visit (SAV), not to exceed 24 months between unit SAVs. Submitted a written report within 30 days of completion to the unit commander and base training office
- Conducted unit training meetings at least quarterly
  -- Prepared an agenda and meeting minutes, distributed to work centers, unit commanders and base training
  -- Provided in-depth description of items discussed to include any items requiring further action
- Attended base training meetings
- Used training status codes to manage skill level upgrade
  -- Coordinated changes with supervisor, commander and base training
- Managed the OJT Roster
  -- Annotated status of each trainee to include task and CDC completion
  -- Ensured unit commander signs the OJT roster
  -- Maintained copies of the roster for three previous months
- Managed the unit CDC program:
  -- Briefed supervisor and trainee on responsibilities
  -- Ensured a process was established to track volume completion
  -- Ensured appropriate follow up was conducted for course exam failures
- Conducted informal work center visits and maintained memos for record until the unit SAV was complete
- Briefed the unit commander monthly on the status of the unit's OJT program, as described in AFI 36-2201 V3, paragraph 5.2.20, AF Training Program OJT Administration

Scoring

4: Criteria met. Programs are efficiently managed and comply with applicable directives

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment. Example include, but are not limited to:

- Formal assessment of unit training program had not been forwarded to the base training manager within 30 days
- UTM did not always attend base training meetings

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program Failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol   Senior Enlisted Protocol 3 is the pertinent protocol for this element.

Inspector Contact   For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

Reference(s)   AFI 36-2201V3, The Air Training Program On-the-Job Training Administration; CFETP (AFSC specific)

Element LD.3.3.5

Abeyance, Inquiry/Investigation and Adverse Actions

Evaluation Criteria
- Abeyance was timely and properly used to evaluate providers whose professional conduct, practice or health warranted review with temporary removal from patient care, but not summary suspension
- Processes existed to gather information for the objective evaluation of providers whose professional conduct, practice and/or health were suspect
    -- Documentation provided an audit trail and confirmed due process was followed when inquiries or investigations were conducted
- Adverse actions included suspension, restriction, limitation or revocation of privileges
    -- Actions were appropriately applied
    -- Duration was within guidelines
    -- Appropriate coordination done (Staff Judge Advocate, MAJCOM/SG, etc.) and notification to higher headquarters made per directives
    -- Documentation was present as required per directives
    -- Off-duty employment was suspended if applicable

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to, delays or documentation lapses not compromising due process.

1: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to, substantial delay or significant documentation lapses impacting due process or potentially causing a negative patient outcome.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to, inappropriate abeyance or adverse action, violation of due process, patient exposure to known risk or significant medicolegal actions.

NA: Not scored.

Protocol	Flight Surgeon Protocol 8 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician inspector.

Reference(s)   AFI 44-119, Clinical Performance Improvement, 4 Jun 01

Element LD.3.3.6

Training Affiliation Agreements (TAA)

Evaluation Criteria

- Memoranda of Understanding (MOU)/Training Affiliation Agreements (TAA) between medical organizations were prepared and processed IAW AFI 41-108
  -- The MOU/TAA was current and clearly outlined medical organization responsibilities
    --- The MOU/TAA was dated and signed by the organization commanders or equivalent
    --- The appropriate approval process was followed IAW governing directive (Medical Legal Consultant, group/wing, Air Staff)
    --- A description of the facilities entering into the agreement was included along with complete addresses
    --- Liability requirements and responsibilities of the affiliating civilian institution were addressed
    --- Current documentary proof of liability coverage is attached to the TAA
    --- Roles and scope of practice were defined for each participant
    --- MOUs/TAAs were reviewed for appropriateness and currency periodically (not less than every 3 yrs)
- An effective system of communication existed between the medical organizations
- MOUs/TAAs with non-AF, DoD facilities stated facility responsibilities
- Periodic review of the TAA(s) by the executive management team was evident.

Scoring

4 - Meets criteria. Programs are efficiently managed and comply with applicable directives.

3 - Minor deficiency. Minor program deficiencies exist but are unlikely to compromise mission accomplishment.

2 - Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1 - Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0 - Program failure. Does not comply with standards. Programs do not
meet the minimum provisions of the element. Adverse mission
impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol   Nurse Protocol 5 is the pertinent protocol for this element. This element is
evaluated via document review and an interview with the unit's TAA
monitor.

Inspector   For assistance interpreting this element, please call DSN 246-1771/2566 and
Contact   request an Active Duty nurse inspector.

Reference(s)   A AFI 41-108 Training Affiliation Agreement Program, 23 Jul 94;